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Multi-national pharmacists needs assessment in the management of anticoagulation therapy: Results of the International Pharmacist Anticoagulation Care Taskforce (iPACT) survey

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Background and Objective: The International Pharmacists for Anticoagulation Care Taskforce (iPACT) is an expert group committed to enhancing the key role that pharmacists play in anticoagulation management. Pharmacists are ideally suited to monitor patients in this therapeutic area, however, an assessment of their knowledge in providing consultations has not been formally evaluated. The purpose of this needs assessment survey is to identify self-reported gaps in competences and confidence among practicing pharmacists in the area of anticoagulation and to identify variances in confidence levels between different countries.

Setting and Method: An electronic link to the needs assessment survey was distributed to the pharmacists in the participating countries via their respective professional organizations or colleges. Countries with adequate response rates included in the statistical analysis were Canada, France, Portugal, Croatia, Brazil, and Ireland.

Main outcome measures: Self-reported competences and confidence levels.

Results: A total of 1118 pharmacists completed the survey. The distribution of respondents were Canada 356 (31.8%), France 304 (27.2%), Brazil 75 (6.7%), Portugal 142 (12.7%), Croatia 179 (16.1%), and Ireland 62 (5.5%). The demographic background of the respondents varied with most of the respondents practicing in the community setting (>90%) and reporting their highest educational level as a bachelor's degree (35.8%). France had the highest proportion of pharmacists working in hospital (68.4%) with a doctorate degree (PhD or PharmD 87.7%). With respect to counseling for VKA, pharmacists in France, Canada, and Ireland were the most confident (confidence levels ranged from 87 to 93%), while pharmacists in Brazil were the least confident at 58.6%. Overall, pharmacists were less confident in providing information on DOACs compared with VKA (83% versus 55%; $p < 0.0001$). Pharmacists in Ireland and Canada were the most confident with DOACs (range from 73.4-75.7%) while Brazilian pharmacist were the least confident at 23%.

Surprisingly, 1/3 of pharmacists in all countries were not confident when discussing bleeding risk, INR monitoring, bridging, interaction, and switching between the agents. The vast majority of respondents reported they would like additional education in anticoagulation with personalized e-learning as the preferred source.

Conclusion: These results highlight the apparent lack of confidence by pharmacists when discussing anticoagulation therapy, particularly DOACs. Future continuing education programs should be developed on electronic platforms focusing on practical clinical themes including management of bleeding, adverse events, and bridging between agents.

Disclosure of Interest: None Declared